

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No.

255

Registered No.

1904

1. PLACE OF BIRTH

County

Maricopa

State

ARIZONA

Township

or Village

City

Phoenix

No.

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

St.

Ward

2. Full name of child

Fred Silbert

If child is not yet named, make supplemental report, as directed

3. Sex

If plural births

4. Twin, triplets, or other

6. Premature

7. Is mother

8. Date of birth

10-10

1906

9. Full name

FATHER

J. R. Silbert

18. Full maiden name

MOTHER

Lillian Christian

10. Residence (usual place of abode)
(If non-resident, give place and State)

1734 E. Wash.

19. Residence (usual place of abode)
(If non-resident, give place and State)

1734 E. Wash.

11. Color or race

laborer

12. Age at last birthday

30 (Years)

20. Color or race

laborer

21. Age at last birthday

31 (Years)

13. Birthplace (city or place)

Georgia

22. Birthplace (city or place)

Texas

(State or Country)

(State or Country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work

1906

17. Total time (years) spent in this work

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work

26. Total time (years) spent in this work

1906

27. Number of children of this mother

(At time of this birth and including this child) (a) Born alive and now living

6

(b) Born alive but now dead

0

(c) Stillborn

0

28. If stillborn,

period of gestation

months or weeks

29. Cause of stillbirth

During labor

Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

born alive at 4:00

A

m. on the date above stated

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed)

W. C. Hackner

M. D.

or

Midwife

Given name added from a supplemental report

(Date of)

673-1010-335

Address

916 E. Washington

Filed

10-23

1906

John F. Osborn

Registrar.

Registrar.